



Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: MEMORIAL HERMANN SPECIALTY HOSPITAL KINGWOOD 300 KINGWOOD MEDICAL DR. KINGWOOD, TX 77339	MFDR Tracking #:	M4-09-A609-01
Respondent Name and Box #: AMERICAN HOME ASSURANCE REP. BOX #: 19		

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary as listed on the Table of Disputed Services: "Denied for timely filing in error."

Principal Documentation:

1. DWC 60 package
2. Total Amount Sought - \$3,907.42
3. Bills
4. EOBs
5. Insurance Billing History Report

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "...The carrier has correctly process the medical bill made the basis of this claim. The bill was not submitted in a timely manner. The Requestor has failed to provide persuasive evidence of timely submission of the bill made the basis of this claim. The carrier will maintain the denial on the basis of no timely filing..."

Principal Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Denial Codes	Part V Reference	Amount Ordered
07/28/08	CPT Code 49585	29	1 – 3	\$0.00
07/28/08	Out-patient services	29	1 – 3	\$0.00
Total Due:				\$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code 402.00128(b)(7) titled *General Powers and Duties of Commissioner* authorizes the Commissioner to enter appropriate orders. The Division will resolve medical fee disputes according to Rules 133.305, 133.307, 133.20(b), 133.200, 133.240 and other rules.

1. This dispute relates to procedures/services that were billed under CPT code 49585 and out-patient services rendered on 07/28/08 that were denied reimbursement by the insurance carrier based upon "29 – The time limit for filing has expired".

2. Rule 102.4(h), titled General Rules for Non-Commission Communication, states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on:

- (1) the date received, if sent by fax, personal delivery or electronic transmission or,
- (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."

1. Section 408.027(a) of the Labor Code states, "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

3. Although the Requestor submitted the billing history for disputed date of service the information provided indicates the transmittal date was 08/20/08 and shows the bill filing was paper as opposed to electronic. The Requestor did not submit convincing evidence, such as a certified return receipt showing the date and signature of the insurance carrier representative, to support position that the UB-04 were submitted timely to the Respondent per Section 408.027(a).

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code 402.00128(b)(7)	28 Texas Administrative Code Sec. 134.202
Texas Labor Code 408.027(a)	28 Texas Administrative Code Sec. 133.20(b)
28 Texas Administrative Code Sec. §102.4(h)	28 Texas Administrative Code Sec. 133.2
28 Texas Administrative Code Sec. §133.305	28 Texas Administrative Code Sec. 133.240
28 Texas Administrative Code Sec. §133.307	Texas Government Code, Chapter 2001, Subchapter G
28 Texas Administrative Code Sec. §134.801	

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031 and 408.027(a), the Division has determined that the medical bill or hospital bill was not timely filed and the requestor has forfeited the right to reimbursement.

DECISION:

_____	_____	October 20, 2009
Authorized Signature	Auditor III	Date
	Medical Fee Dispute Resolution	

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.